

Result Type: IP-Progress
Performed Date: July 17, 2011 6:44 AM
Result Status: Final
Result Title: Attending Update Note
Performed By: [REDACTED], V S on July 17, 2011 7:36 AM
Verified By: [REDACTED], V S on July 17, 2011 7:36 AM
Encounter info: [REDACTED] UPMCSHY, Inpatient, 7/17/2011 - 8/18/2011

*** Final Report ***

Attending Update Note
University of Pittsburgh Medical Center

Patient: [REDACTED] MRN: [REDACTED]
Age: **23 years** Sex: **Female** DOB: [REDACTED]
Associated Diagnoses: **None**
Author: [REDACTED]

Comments

Holding Note/ Brief admit note

This is a 23 y.o white female with no significant PMHx who was admitted to OSH ([REDACTED]) on 7/11/11 with ~ 1 wk of nausea, vomiting, constipation, diffuse body aches, diplopia, HA, facial numbness.

No travel, no sick contacts. No new meds.

Seen by Neurologist there. MRI Brain- unremarkable except for "Punctate focus of increased signal in the right anterior pons in the diffusion weighted images". Meninges were normal. LP done showed WBC of 246, lymphocytic predominance. Pt sent to UPMC for possible leukemic meningitis.

Please see lab /image review section below for other details.

ROS:

Weight loss: 5 Lbs over 3-4 months.,

Headaches (bi temporal- different from her migraine headaches). No shortness of breath, diaphoresis, no palpitations.

No genitourinary compliant s. No joint swellings. No rash. No seizures.

Past Medical Hx:

Migraine-sensitive to light

Abnormal PAP smear, precancerous

Past Surgical Hx: Left ankle surgery

Home Meds: Birth control pills

Medications on Transfer: None

Medications given during the hospitalization at OSH: Flagyl, tylenol, acyclovir (given one dose 10mmg/kg on 7/16/11) , lmitex toradol,ativan, neruontin 300mg QHS, morphine, levaquin

Allergies: PCN

Social hx: 3 pack smoking Hx, occasional etoh, No IVDA

Family Hx: positive for MI,

Vitals

7/12/11: BP- 117/74, HR;121, R- 18, temp 99.5

7/13: 101 deg F. otherwise afebrile for rest of her hosp stay there.

O/E:

HEENT: NCAT, neck supple, diplopia on left lateral gaze.

Neck: no masses, no tenderness, no significant stiffness.

Chest: CTA

Abd: Soft, NDNT,

Ext: No pedal edema, no cyanosis, no calf tenderness. No jnt swelling.

Neuro: AOX 3, non-focal exam.

Labs:

7/12/11: WBC- 8.9, Hgb 13.2, Hct- 38.3, Plt- 208, Neutro- 66.7, mono-10.5, Eo- 1%, Lymph- 21.4, Na- 132, K-3.6, Cl- 102, BUN-11, Cr- 0.71. Glu- 97, CRP- 0.6. ESR- 25mm, Ca- 9.1, TSH- 1.06, Folate-14.5,

Alk phos- 59, AST- 16, ALT- 16,

UDS - negative

UA- unremarkable.

Bld cultures: negative; urine cx- negative, stool cx- hnegative

7/14: INR- 1.1

7/15/11: WBC- 9.1, RBC- 3.59, Hgb: 11.3, Hct- 33, Plt- 192, N- 69.9, M- 7.9, E-1.1;

Na-134, K- 3.4, Cl- 102, Glu- 111, Cr- 0.6, Ca- 8.1, ESR- 31, CRP- 0.7Ammonia- 39

7/16/11: WBC- 8.2, hgb- 12.4, Plt- 222: Na- 142, K- 3.8, KCl- 107, CO2- 28, Cr- 0.69, Ca- 8.8

CSF 7/15/11- normal pressure, glu- 53, **Protein 188, WBC- 246,neutrophils-0, Lymph- 95, RBC- 55, Monocytes-4, Eosinophils-1, culture-neg, gram stain- neg**

hSV, Coxsackie, EBV, VZv added but final results pending.

HIV test results pending

Lupus profile negative,

Lymes titer non-diagnostic

Imaging:

CT abd with IV contrast 7/12/11: Left adnexal dermoid cyst without inflammatory changes measuring 3.8 X 4.3 cm and simple appearing right ovarian cyst. .

MRI Brain: with and without contrast:7/14/11

Punctate focus of increased signal in the right anterior pons in the diffusion weighted images, which is not definitely identified in the other sequences, and in the ADC map, consistent with an artifact versus tiny acute infarct. No evidence of acute intracranial hemorrhage or mass effect.

MRI Brain with and without contrast 7/16/11: No acute intracranial infarct, hemorrhage or mass. No basilar meningeal enhancement to suggest meningitis.

MRI Lumbar spine:

Apparent enhancement of the surface of the conus medullaris, suspicious for inflammatory/neoplastic pathology. No bony pathology, no spinal canal or neural foramina narrowing.

A/P:

1. Abnormal CSF results, with normal peripheral counts: pt seen by heme/onco fellow not does not think this is leukemic meningitis. suggested repeat LP this AM.

2. HA/ generalized body aches: ? etiology. symptomatic/supportive care; toradol and imitrex for pain.

3. Dermoid cyst: Seen by gyn- plan for outpatient f/u.